

Kramer, Madeline**MRN**
05477474**Sex**
Female**DOB**
01/20/2013**Age**
.83Kendhari, Harleena K,
MD Physician**Addendum***Consults*

11/10/2013 12:53 PM

Orders: IP Consult to Pediatric Resource Center [131064869], ordered by Logan, Tori, DO at 11/10/2013 2:25 AM**PRC CONSULT****Subjective: 'I am worried about my daughter's safety'****Reason for Consultation:** Mom is worried that 'Madeline has physical symptoms of sexual abuse'**Source of history:** Madeline's Mother - Julia

HPI: Madeline's mother brought Madeline into the ED because she knew that we have special doctor's here (at OSF) and that she has a court case coming up and that she is worried about Madeline's safety. She has seen a doctor before in the past who was not specialized and she is not sure if that doctor can tell that difference between a diaper rash and someone hurting her.

Madeline's mother showed me the photographs of Madeline that she had taken when she had returned home from a visit with her Father - at that time she was worried that someone had molested her daughter because 'her opening down there was bigger than normal'. The photograph was a blurry cell phone photograph that showed the labia with a white substance around the labia - unable to identify - as photograph was very blurry.

Madeline's mother moved into a women's shelter when Madeline was two months old because she and Madeline's father "did not work out". Madeline's father (Kevin Kramer) moved in with his family and Madeline's mother moved out of the shelter after one month of residing here and moved into Madeline's biological grandfather's home. Madeline's mother was worried that after Madeline would go to her father's family's home she would come back with her vaginal area unclean and 'gunky' - this was when Madeline was about three months old.

During this time, Madeline's mother did move back in with Madeline father to 'try to work it out' but it did not work out and she was asked to leave the family property. This is when she was 5 months old. During this time, Madeline's father's family hired a babysitter to mind Madeline (a woman who Madeline's mother did not know). When Madeline was 5 months old, Madeline's mother noticed a change in her behaviour and it was during this time that Madeline started 'diaper squeezing'. Madeline's mother describes diaper squeezing and putting pressure on the front of her diaper by crossing her legs and pushing towards the front area, 'almost as though she is stimulating herself. Like masturbating.' This was during the first week that she was at the baby sitter's house.

Mom noticed that at the end of August (27th or 28th), Mom took Madeline to the Dr's office as she was concerned that Madeline's vaginal opening was 'more open' and that the skin around the opening of vagina was 'red, almost infected looking' and that "I know what

a diaper rash looks like and that was not a diaper rash". This was after the court date, when Madeline's father's family took her after court and stated that they would bring her back Monday (the visit with them was Thursday from Monday, late late at night). She noticed the redness immediately upon changing her diaper when she had her baby returned.

Mom expresses concern that she is with them for a few days only and she has 'these' symptoms. Mom also notes that Madeline's father has threatened to 'murder her' and threatened to 'wipe her off the face of the earth'. She is worried that Madeline's father is a song writer and some of his lyrics are graphic and talk about the 'blood of the innocents'. She also expressed concerns that Madeline's father has brought drugs into her home. But that she "has a sixth sense about these things" and she found them. She also describes a vivid dream where a "spirit told her to trust her instincts" and then the dream continued with someone sexually molesting Madeline during a diaper change and "that's when I knew something was going on over there" (at Madeline father's home)

Mom states "she is doing the best she can with all the millions things she does now". ;" I used to be able to focus more on Madeline, but I hope I can pass some things on to other people the things I have learned"

Individuals present during medical history: Madeline, Madeline's Mother Julia and myself, Dr Kendhari

Past Medical History: Never been hospitalized
Vaginal delivery, at term 40 weeks gestation, 8lbs 20 inches
Discharged with mother after one day

Immunizations: Madeline is unimmunized - Mother does not believe in immunizations at this point - may consider Tetanus in the future

Developmental History: Sits on her own, pulling to stand, cruises along furniture. Says words "mama, dada, baba, up"

Diet History: Formula fed - mom is unsure how many ounces she drinks. She states 'with all this court stress, I am no longer keeping a log. "I go through a can of formula in under a week'. She will eat soft foods - apple sauce, organic baby foods. Mom will allow her to gnaw on apple slices and carrots - but she cannot eat them.

Past Surgical History: No surgeries

Family History: Maternal side: polycystic kidney disease. Maternal grandfather has high blood pressure. NO diabetes, no seizures, no bleeding disorders or nose bleeds or heavy periods. No easily broken bones
On Madeline's father's side, mental illness is present including paternal uncle who is schizophrenic. Madeline's mother suspects that Madeline's paternal grandfather is an alcoholic. Madeline's mother is not aware of any other medical problems on Madeline's father's side

Social History: Mom has custody of Madeline and lives Madeline lives with her. Madeline sees her father 2-4 times a week, in Madeline's mothers home (usually) or at the mall for a

joint visit. Madeline doesn't see her father's family as much

Allergies: No allergies

Review of Systems: No cough, no runny nose, no vomiting, no diarrhea, no rashes, no fever, has been eating and drinking normally. All other systems reviewed and negative unless mentioned in the HPI

Medications:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• lidocaine (LMX) 4 % cream CREA		Topical	PRN	Logan, Tori, DO		

Objective:

VITALS: Patient Vitals for the past 12 hrs:

	BP	Temp	Temp src	Pulse	Res p	SpO ₂	Height	Weight
11/10/13 1153	-	97.6 °F (36.4 °C)	Axillary	116	24	-	-	-
11/10/13 0839	91/43 mmHg	97.2 °F (36.2 °C)	Axillary	127	24	98 %	-	-
11/10/13 0530	-	-	Axillary	110	24	98 %	-	-
11/10/13 0210	101/64 mmHg	97.8 °F (36.6 °C)	Axillary	178	27	100 %	26.38"	18 lb 14.7 oz (8.58 kg)

Weight:

Wt Readings from Last 1 Encounters:

11/10/13 18 lb 14.7 oz (8.58 kg) (55.57%*)

* Growth percentiles are based on WHO data.

Head Circumference:

HC Readings from Last 1 Encounters:

11/10/13 46.5 cm (18.31") (95.62%*)

* Growth percentiles are based on WHO data.

Height:

Ht Readings from Last 1 Encounters:

11/10/13 26.38" (6.28%*)

* Growth percentiles are based on WHO data.

EXAM:

Physical Examination:

Madeline is playful, non distressed, playing on the floor of the hospital room eating graham crackers

NC/AT, EOMI, PERRL, MMM, nares patent, graham cracker crumbs on face
TM pearly grey, cerumen noted in L canal
CTA-B, no W/R/R
RRR, S1=S2, no murmur noted, femoral pulses equal and symmetric
Belly soft, NTTP, no masses appreciated, positive bowel sounds
Moves all extremities spontaneously, strength equal and symmetric in upper and lower extremities
Neuro exam: Smiles, says mama during exam, pulling to stand against wall and chair.
Reaches with both hands across midline, good grasp
GU exam: Labia majora with mild erythema, and no excoriation. Annular redundant hymen appreciated, with maternal estrogen effects still present. Anus patent without erythema

Data Review: *I have reviewed all epic medical records including Emergency Room Medical records from OSF St Francis Medical Center and Krieger, Michelle A primary care office. Significant are the notes from nursing staff on 11/8/2013 and 11/9/2013 describing Madeline's mother's concerns about Madeline and Madeline's father's family.

Outside reports reviewed: none

Assessment

Madeline is a nine month old otherwise healthy female who presents with her Mother who has concerns that her daughter has been abused - initial concern in August when Madeline's mother reports that Madeline returned from visiting Madeline's father's home and returned with her vaginal opening appearing larger. Madeline's mother was also concerned about erythema in her vagina that was not a diaper rash. Madeline's mother also feels concerned for Madeline's safety.

Madeline's mother was concerned about Madeline masturbating. Masturbation is not a concern at this age, as developmentally, body curiosity at this age is normal.

Madeline's mother was also concerned about sexual molestation, reporting that the hymenal opening looking larger than it should. The size of the hymenal opening is not a factor in determining if sexual abuse took place.

Madeline had a normal anogenital exam, with the exception of some mild redness to the labia which is a non-specific finding.

A normal exam does not exclude the possibility of sexual abuse as exam following non-acute incidents are sexual are normal greater than 95% of the time. When evaluating concerns for abuse, the history is always the most important element.

Recommendations:

1. Ensure Madeline's safety
2. Will refer to PRC for further work up including colposcopic exam if deemed necessary
3. Will recommend to medical team discharge home today
4. Follow up with DCFS investigation

I have spent 60 minutes in this visit with the patient/family. Greater than 50% of this time was spent on counseling coordination of care.

By: HARLEENA K KENDHARI, MD, 11/10/2013, 12:53 PM

Revision History...

Date/Time	User	Action
11/18/2013 10:24 AM	Kendhari, Harleena K, MD	Addend
11/11/2013 1:20 PM	Kendhari, Harleena K, MD	Addend
11/10/2013 9:27 PM	Kendhari, Harleena K, MD	Sign

[View Details Report](#)

SAINT FRANCIS MEDICAL CENTER
530 NE GLEN OAK AVE
PEORIA, IL 61603-3117
FACESHEET

KRAMER,MADELINE
MRN: 05477474
DOB: 1/20/2013, Sex: F
Acct #: 24905718
Adm:11/9/2013, D/C:11/10/2013

COPY

Patient Demographics

Name Kramer, Madeline	Patient ID 05477474	SSN xxx-xx-9999	Sex Female	Birth Date 01/20/13 (11 mos)
Address 20509 2300 North Ave OHIO IL 61349	Phone 815-876-7318 (H)	EMail askagain@email.com	Employer CHILD	
Race White or Caucasian				
Reg Status Verified	PCP Krieger, Michelle A, MD815-433-1010	Date Last Verified 11/10/13	Next Review Date 12/10/13	
Marital Status Single	Religion None	Language English		
Emergency Contact 1 Julia Eickmeier (MOTHER) 20509 2300 North Ave 800-252-2873 (H) 815-876-7479 (M)				

Hospital Account

Name KRAMER,MADELINE	Acct ID 24905718	Class Outpatient with Observation Services	Status Billed	Primary Coverage MEDICAID ILLINOIS - IL HEALTH CONNECT
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Guarantor Account (for Hospital Account #24905718)

Name EICKMEIER,JULIA	Relation to Pt	Service Area OSF-S	Active? Yes	Acct Type Personal/Family
Address 20509 2300 N AVE OHIO, IL 61349	Phone 815-303-5454(H)			

Coverage Information (for Hospital Account #24905718)

F/O Payor/Plan 1. MEDICAID ILLINOIS/IL HEALTH CONNECT	Pre-cert #
Subscriber KRAMER,MADELINE	Subscriber # 223162108
Address PO Box 19105SPRINGFIELD, IL 62794-9105	Phone 877-912-1999

Admission Information

Attending Provider	Admitting Provider Vazquez-Melendez V, Elsa, MD	Admission Type Emergency	Admission Date/Time 11/09/13 2345
Discharge Date 11/10/13	Hospital Service Pediatrics	Auth/Cert Status Incomplete	Service Area OSF HEALTHCARE SA
Unit SFMG GENERAL PEDIATRICS	Room/Bed 626/626-01	Admission Status Discharged (Confirmed)	

Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	11/09/2013 2238	Admit Date/Time:	11/09/2013 2238	IP Adm. Date/Time:	None
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Admission Information - Hospital Account/Patient Record (continued)

Admission Type:	Emergency	Admission Source:	Non-health Care Facility	Admit Category:	None
Means of Arrival:	Car	Primary Service:	Point Of Origin	Secondary Service:	None
Transfer Source:	None	Service Area:	Pediatrics	Unit:	Sfmc General Pediatrics
Admit Provider:	Vazquez-Melendez V, Elsa, MD	Attending Provider:	OSI Healthcare Sa	Referring Provider:	None
			Vazquez-Melendez V, Elsa, MD		

Final Diagnoses

Principal	Code	Name	POA	CC	HAC	Affects DRG
[P]	V71.5	Observation following alleged rape or seduction				

Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
11/10/2013 1928	Discharged To Home Or Selfcare	None	None	Sfmc General Pediatrics

Allergies as of 11/10/2013

Reviewed On: 11/10/2013 By: Viviano, Andrea K, RN

No Known Allergies

Current Immunizations

Never Reviewed

No immunizations on file.

Patient History Information

Medical **None**
as of 11/9/2013

Surgical **None**
as of 11/9/2013

Family **None**
as of 11/9/2013

Family Status as of 11/9/2013	Relation	Name	Status	Death Age	Comments	Source Provider
	Mother		Alive			

Tobacco Use as of 11/9/2013	Smoking Status	Source	Types	Packs/day	Years Used	Comments	Smoking Quit Date
	Never Smoker	Provider		0.0	0.0		

Alcohol Use as of 11/9/2013	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	Not Asked	Provider			

Drug Use as of 11/9/2013	Drug Use	Source	Types	Frequency	Comments
	Not Asked	Provider		0.00	

Sexual Activity as of 11/9/2013	Sexually Active	Source	Birth Control	Partners	Comments
	Not Asked	Provider			

Social ADL as of 11/9/2013	ADL Question	Response	Comments	Source
	None			

Social Doc **None**
as of 11/9/2013

Occupational **None**
as of 11/9/2013

Socioeconomic as of 11/9/2013	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Single				
	Language	Ethnicity	Race		
	English	Not Hispanic or Latino	White or Caucasian		

Birth **None**

Problem List	Noted	Noted By	Resolved	Resolved By
Suspected child sexual abuse	11/10/2013	Couri, Maria E, MD	No	

Reviewed: 11/10/2013 2:09 AM by Couri, Maria E, MD

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ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type	Arrival Complaint
-	11/9/2013 22:38	Emergent	Car	Family Member	Pediatrics	Emergency	-

ED Disposition

Admitted
Admitting Physician: VAZQUEZ-MELENDZ, ELSA V [19007433]
Admitting Diagnosis: alleged abuse
Level of Care: General Acute
Patient Care Floor/Unit: general pediatrics
Patient Class: Outpatient with Observation Services [104]

Initial Provider Contact

Date/Time	Event	User	Comments
11/10/13 0009	Initial Provider Contact	MONTGOMERY, DANIEL L	

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ED Notes

ED Provider Notes signed by Hauter, William E, MD at 11/12/13 1032

Author:	Hauter, William E, MD	Service:	(none)	Author Type:	Physician
Filed:	11/12/13 1032	Note Time:	11/09/13 2232		
Related Notes:	Original Note by: Hauter, William E, MD filed at 11/10/13 2310				

Chief Complaint

Patient presents with

- sexual assault

HPI

Madeline Kramer is a 9 m.o. female brought in by her mother for evaluation for suspected abuse. Mother states that child has not been alone with father of baby over 2 months. No current medical concerns per mother, she is requesting professional evaluation for suspected abuse.

No current facility-administered medications for this encounter.

No current outpatient prescriptions on file.

No Known Allergies

History reviewed. No pertinent past medical history.

No past surgical history on file.

History

Social History

• Marital Status:	Single
Spouse Name:	N/A
Number of Children:	N/A
• Years of Education:	N/A

Occupational History

- Not on file.

Social History Main Topics

• Smoking status:	Never Smoker
• Smokeless tobacco:	Not on file
• Alcohol Use:	Not on file
• Drug Use:	Not on file
• Sexually Active:	Not on file

Other Topics

- Not on file

Concern

Social History Narrative

- No narrative on file

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ED Notes (continued)

BP 91/43 | Pulse 138 | Temp 98 °F (36.7 °C) (Axillary) | Resp 26 | Ht 26.38" | Wt 18 lb 14.7 oz (8.58 kg) | BMI 19.11 kg/m² | HC 46.5 cm (18.31") | SpO₂ 100%

Review of Systems

Constitutional: Negative for fever.

HENT: Negative for rhinorrhea.

Eyes: Negative for discharge.

Respiratory: Negative for cough.

Cardiovascular: Negative for cyanosis.

Gastrointestinal: Negative for vomiting and diarrhea.

Genitourinary: Negative for decreased urine volume.

Musculoskeletal: Negative for joint swelling.

Skin: Negative for rash.

Neurological: Negative for seizures.

Physical Exam

Constitutional: She appears well-developed. She has a strong cry. No distress.

HENT:

Head: Anterior fontanelle is flat.

Right Ear: Tympanic membrane normal.

Left Ear: Tympanic membrane normal.

Mouth/Throat: Mucous membranes are moist. Oropharynx is clear.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, S1 normal and S2 normal. Pulses are palpable. No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. No tenderness.

Genitourinary: No labial rash. No labial fusion.

Musculoskeletal: She exhibits no edema, no deformity and no signs of injury.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert.

Skin: Skin is warm. Capillary refill takes less than 3 seconds. No rash noted.

Procedures

MDM

Coding

Clinical Impression

1. **Suspected child sexual abuse**

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ED Notes (continued)

ED Course:

Pt seen initially and evaluated by SANE nurse.

Discussed case with Dr. Kendhari for PRC consult Recommends admission for further evaluation.

Pt looks well, no medical intervention needed.

Pt admitted to peds hospitalist service.

I have supervised and coordinated the care of this patient with the resident physician and ancillary staff. I have also reviewed the patient's laboratory, bedside testing and radiographic tests. I have reviewed and agree with the resident's History/Physical and Assessment/Plan unless noted as highlights, additions, deletions and/or addendums

MR: 05477474 CSN: 54758134

Admit: 11/09/2013 Disch: 11/10/2013

DocID: D2417145

D. 11/10/2013 23:10:51

T. 11/11/2013 10:53:08

The patient's parent was interviewed by the Resident Physician. The SANE nurse did evaluate the patient. I spoke with the Pediatric Resource Attending, and they would like the patient to be admitted to the hospital so they can evaluate the social situation and the most appropriate place for this patient to be discharged to after a period of observation.

Job #5707116

ljc

Version Date: 11/11/2013 13:36:23

ljw

ELSA V VAZQUEZ-MELENDZ, Admitting Physician

TEAM, PEDS PEDIATRIC TEACHING ON CA, Consulting Physician 1

MICHELLE A KRIEGER, Primary Care Physician

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ED Notes (continued)

11/10/13 2310 ED Provider Notes addendum by Hauter, William E, MD

ED Notes signed by Leyden, Melinda M, RN at 11/10/13 0158

Author:	Leyden, Melinda M, RN	Service:	(none)	Author Type:	Registered Nurse
Filed:	11/10/13 0158	Note Time:	11/10/13 0157		

Report given to Andi, gen peds RN.

ED Notes signed by Leyden, Melinda M, RN at 11/10/13 0157

Author:	Leyden, Melinda M, RN	Service:	(none)	Author Type:	Registered Nurse
Filed:	11/10/13 0157	Note Time:	11/10/13 0012		

9 month old female to ED with mother, Julia, who is concerned that pt may have been sexually assaulted possibly by pt's father. Julia states pt was last with father unsupervised around Labor Day of this year but he has had some supervised visitations with pt since then. During Labor Day visit, Julia states father "tried to kidnap her basically, and I had to get the police involved." Julia took pt to her pediatrician at the end of August for redness to vaginal area that was worse after pt stayed with father for a few days. Pt was diagnosed with a diaper rash at this time. Julia believes redness appeared as if pt was "fondled down there" and states "as a mom I know it wasn't diaper rash because it looked different than diaper rash she's had before." Julia reports there were other times that pt would come home after visitation with father with "white gunky stuff down there" or "her little vagina hole looked bigger and was red" and reports approx 3 months ago pt "started squeezing at her diaper and when she would catch her doing it she would tell her 'No!'" Julia states "I did research and that's one of the signs of sexual abuse. She's just a little baby, she should not be masturbating herself." Julia brings camera with pictures of these symptoms she described. This RN did not visualize the pictures. Julia reports "having a dream and seeing it happen" and "a spirit came and told her that her child was being abuse, couldn't she see it?" This when she realized that "it really was happening." Julia states that pt's father "is Satanic. He is very secretive about it but I'm pretty sure he is." Julia reports that some Satanists use "SRA, Satanic Ritual Abuse, and do this to children." Julie voices concern about pt's fathers mother, who "constatnly tries to sneak and see my baby." Julia states last time pt saw father was this evening, supervised by Julia, and they went to coffee together.

Upon physical exam, pt acting age appropriate, smiling and giggling. No bruising, redness, swelling, or other injury noted to vaginal area or other parts of body. Mother states pt has been eating well and having appropriate amount of wet diapers. Breathing even and unlabored. Skin P/W/D. VSS. PEWS score 0.

ED Notes signed by Leyden, Melinda M, RN at 11/10/13 0133

Author:	Leyden, Melinda M, RN	Service:	(none)	Author Type:	Registered Nurse
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ED Notes (continued)

ED Notes signed by Leyden, Melinda M, RN at 11/10/13 0133 (continued)

Filed: 11/10/13 0133

Note Time: 11/10/13 0132

Officer McMillan with PPD has spoken with pt. Police officer states reports were made in another county and no report is necessary at this time, Officer did confirm that mother has custody of child at this time.

ED Notes signed by Tiraboschi, Anthony J, RN at 11/10/13 0051

Author: Tiraboschi, Anthony J, RN

Service: (none)

Author Type: Registered Nurse

Filed: 11/10/13 0051

Note Time: 11/10/13 0051

PPD at bedside.

ED Notes signed by Leyden, Melinda M, RN at 11/10/13 0043

Author: Leyden, Melinda M, RN

Service: (none)

Author Type: Registered Nurse

Filed: 11/10/13 0043

Note Time: 11/10/13 0042

Peoria Police Dept called and notified that pt is here for sexual assault. Will be sending officer to ED to speak with pt's mother and see if report needs to be made.

ED Notes signed by Leyden, Melinda M, RN at 11/10/13 0038

Author: Leyden, Melinda M, RN

Service: (none)

Author Type: Registered Nurse

Filed: 11/10/13 0038

Note Time: 11/10/13 0036

Dr Kindari, on call with Peds Resource Center, informed of allegations of sexual assault against patient. Per Dr Kindari, pt is to be admitted for observation and she will see pt in the morning. Dr Kindari spoke with Dr Hauter regarding POC.

ED Notes signed by Leyden, Melinda M, RN at 11/10/13 0036

Author: Leyden, Melinda M, RN

Service: (none)

Author Type: Registered Nurse

Filed: 11/10/13 0036

Note Time: 11/10/13 0034

DCFS will call this RN back when representative is available.

ED Notes signed by Jetton, Leslie R, RN at 11/09/13 2332

Author: Jetton, Leslie R, RN

Service: (none)

Author Type: Registered Nurse

Filed: 11/09/13 2332

Note Time: 11/09/13 2331

Room pt to be assigned to is being cleaned. Pt's mother updated.

ED Notes signed by Jetton, Leslie R, RN at 11/09/13 2243

Author: Jetton, Leslie R, RN

Service: (none)

Author Type: Registered Nurse

Filed: 11/09/13 2243

Note Time: 11/09/13 2241

Per Derek, RN, the previous charge nurse on shift, the call center called ahead of pt arrival. Call center reports that mother called from Ohio, IL with allegations that the pt's father may be sexually

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ED Notes (continued)

abusing the pt. The call center advised the pt be seen. Pt will be roomed as soon as the SANE nurse on staff tonight has an available room.

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Discharge Summaries

D/C Summaries signed by Vazquez-Melendez V, Elsa, MD at 12/12/13 1354

Author:	Vazquez-Melendez V, Elsa, MD	Service:	(none)	Author Type:	Physician
Filed:	12/12/13 1354	Note Time:	12/10/13 1503		
Related Notes:	Related Note by: Logan, Tori, DO filed at 12/10/13 1509				

I have seen and evaluated the patient. I discussed the patient's management with the house staff team. I agree with the findings and plan as outlined in the resident's note.

Principal Problem:

*Suspected child sexual abuse

Dr Krieger, Michelle A was notified of the patient's discharge
Less than 30 minutes spent in coordinating care

By: ELSA V VAZQUEZ-MELENDEZ, MD, 12/12/2013, 1:54 PM

Primary Care Physician: Krieger, Michelle A

D/C Summaries signed by Logan, Tori, DO at 12/10/13 1509

Author:	Logan, Tori, DO	Service:	(none)	Author Type:	Resident
Filed:	12/10/13 1509	Note Time:	12/10/13 1503		
Related Notes:	Cosigned by: Vazquez-Melendez V, Elsa, MD filed at 12/12/13 1354				



UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT PEORIA

CHS DISCHARGE SUMMARY

Name: Madeline Kramer MRN: 05477474	Age: 10 m.o. DOB: 1/20/2013
Admission Date/Time: 11/9/2013 11:45 PM	Discharge Date: 11/10/13
Primary Care Physician: Krieger, Michelle A	Attending Physician: No att. providers found Discharging Physician: Tori Logan, DO

INSTRUCTIONS FOR PHYSICIANS ON FOLLOW UP AFTER DISCHARGE:

Follow-up with PCP: Krieger, Michelle A in 2 days

Follow up Diagnostic Recommendations: none

SAINT FRANCIS MEDICAL CENTER
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Hospital Chart

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DOB: 1/20/2013, Sex: F
Acct #: 24905718
Adm: 11/9/2013, D/C: 11/10/2013

Discharge Summaries (continued)

Pending Labs/Path/Imaging: none

Discharge Instructions:

Discharged Condition: not changed

Disposition: Home

Diet: Regular Diet

Activity: Activity As Tolerated

Resuscitation Status at Discharge: Full code

Discharge Diagnoses: parental concern for child sexual abuse

Discharge Diagnosis:

Admission Diagnosis: Suspected child sexual abuse

Discharge Diagnoses:

Active Hospital Problems

Diagnosis

- Suspected child sexual abuse

Date Noted

11/10/2013

Resolved Hospital Problems

Diagnosis

Date Noted

Date Resolved

No resolved problems to display.

HOSPITAL COURSE:

Madeline was seen in the ED for suspected child sexual abuse by mother. Mother noticed redness in her diaper area after returning from an unsupervised visit with the child's father September 2nd. There were no new findings to relate acutely. Madeline was admitted for further evaluation by the Pediatric Resource Center. She remained medically stable for her stay. She was discharged home after 1 day after being seen by Pediatric Resource Center as well as DCFS. Mother agreed to plan of care and comfortable with discharge and follow-up.

Consults: Pediatric Resource Center

Consultant recommendations: Discharge home with follow-up with PRC as well as DCFS.

Lab / Imaging Review:

Summary of significant lab and imaging findings:

Lab: none

Radiology: none

DISCHARGE MEDICATION LIST:

There are no discharge medications for this patient.

PCP Notification: Dr. Krieger, Michelle A was notified of the patient's discharge on 12/10/2013 by CHS Service.

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Discharge Summaries (continued)

Thank you for allowing the Children's Hospitalist Service to participate in the care of your patient.
Please feel free to contact us for any additional questions.

Signed: *Tori Logan, DO, 12/10/2013, 3:04 PM*

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History & Physicals

H&P signed by Vazquez-Melendez V, Elsa MD at 11/10/13 1319

Author:	Vazquez-Melendez V, Elsa, MD	Service:	(none)	Author Type:	Physician
Filed:	11/10/13 1319	Note Time:	11/10/13 0159		
Related Notes:	Related Note by: Logan, Tori, DO filed at 11/10/13 0304				

Pediatric Hospitalist Comments:

Madeline Kramer is a 9 m.o. female Hospital day LOS: 1 day

Active Problems:

Suspected child sexual abuse

I have seen and evaluated the patient with the residents during rounds. I discussed the patient's management with the house staff team. I agree with the findings and plan as outlined in the resident's note

Discharge Planning: ongoing

Attending Physician: ELSA V VAZQUEZ-MELENDEZ, MD; 11/10/2013, 1:18 PM

H&P signed by Logan, Tori, DO at 11/10/13 0304

Author:	Logan, Tori, DO	Service:	(none)	Author Type:	Resident
Filed:	11/10/13 0304	Note Time:	11/10/13 0159		
Related Notes:	Cosigned by: Vazquez-Melendez V, Elsa, MD filed at 11/10/13 1319				

Pediatric Admission History and Physical Examination

Admit Date: 11/9/2013

Attending: Elsa Vazquez-Melendez V, MD

PCP: Krieger, Michelle A

Assessment

Madeline Kramer is a 9 m.o. female, no significant PMH, presents to OSF ED with mother for suspected sexual abuse.

Plan

Will admit to general pediatrics for overnight observation with Pediatric Resource Consult.
No continuous monitoring needed as child is stable.
Q4H VS

FEN: formula feeds ad lib, jar baby food ad lib

CC: suspected sexual abuse

History & Physicals (continued)

History of Present Illness

Madeline is a 9 m.o. female, no significant PMH, presents for suspected sexual abuse. She is accompanied by mother.

Mother brings Madeline to OSF ED tonight because she has concerns that Madeline has been sexually abuse while visiting her father's house. Her concerns started at age 4-6 months when Madeline would come home from her father's house looking "dirty" as if she had not been bathed. It was during this period of time she also began "squeeze her diaper area as if she was self-stimulating" after a visit with her father. In August they had a court date to get Dad's name on the birth certificate, it was after this meeting that mother states "he basically kidnapped her and said there was nothing I could do because his name was on the birth certificate now". His last unsupervised visit was September 2nd of 2013, it was after this visit that mom states Madeline came back and she noticed that her vaginal area appeared red and looked as if the opening was larger than previously. Mother denies ever noticing any bleeding, bruising or vaginal discharge. She was evaluated by her primary care physician who diagnosed diaper dermatitis. Patient is eating and drinking normally with no other complaints.

When mother asked why she came to ED tonight for evaluation after being evaluated by PCP and outlying hospital for same complaint she states, "I have an upcoming court date to decide if father will get unsupervised visitation rights and was told there were specialists here who could tell if she has been abused." She has given father supervised visitations with Madeline 2-3 times per week since September 2nd even though "he has threatened to murder me". Mother states "It's like a game I have to play with the legal system" allowing the father to see the baby. She states she is hoping for sole custody after the next court date. Mother states she noticed none of the erythema or abnormal size of the opening today as it occurred two months ago, and that "everything looks normal down there now".

Review of Systems

A 14 point Review of Systems was performed and was negative except as noted in the HPI.

Past Medical, Family, Social History

Birth Hx: SVD with no complications at 40 weeks gestation

PMHx: None per mother

PSHx: No surgeries

FMHx: Mother states that mental illness runs in the father's family including schizophrenia in patient's uncle and suspected in father. Maternal side of family has hypertension.

Social Hx: Extensive court cases regarding child

Living situation: With family, mother and maternal grandfather

Has visitation with father who lives with paternal grandmother and paternal uncle.

School or daycare: stays home with mother during the day

Siblings (number and defining information): 0

Do parents smoke (inside/outside): no

Does the patient smoke/drink/do drugs (if over 12 years old): n/a

Allergies: No Known Allergies

Immunizations:

There is no immunization history on file for this patient.

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History & Physicals (continued)

Medications:

No prescriptions prior to admission

Developmental History: milestones have been achieved in a normal sequence and time

Diet/Nutrition: Enfamil Gentlease, also eats organic baby foods

Physical Examination:

Pulse 118 | Temp 97.7 °F (36.5 °C) (Axillary) | Resp 24 | Wt 19 lb (8.618 kg) |
SpO2 99%
Normalized BMI data available only for age 2 to 20 years.
56.97%ile based on WHO weight-for-age data.
No height on file.
No unique date with height and weight on file.

GENERAL: well appearing female, in no acute distress

HEENT: Head: Atraumatic, normocephalic

Eyes: pupils equal and reactive, extraocular eye movements intact

Ear: Normal external auditory canal and tympanic membrane bilaterally

NT: mucous membranes moist, pharynx normal without lesions

NECK supple, no significant adenopathy

CV regular rate and rhythm, S1, S2 normal, no murmur, click, rub or gallop

PULM clear to auscultation, no wheezes or rales, unlabored breathing

ABD Normal appearance, soft, non-tender, without organ enlargement or masses.

GU: normal female, no erythema, ecchymosis or discharge

INTEG: Skin color, texture, turgor normal. No rashes, lesions or ecchymosis.

M/S: no joint tenderness, deformity or swelling, grossly normal

NEURO: alert and oriented, moving all four extremities equally, interacts appropriately with mother and physician, laughs when being tickled

Results Review:

Medication Reconciliation performed in the EMR by Tori Logan, DO: Yes.

Laboratory data reviewed in EMR: labs reviewed and significant for the following: none

Imaging reviewed in EMR: No: none performed. Significant results: n/a

Microbiology pending in Hospital laboratory: none

Tori Logan, DO
11/10/2013, 1:59 AM

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Consult Notes

Consults signed by Kendhari, Harleena K MD at 11/18/13 1024

Author:	Kendhari, Harleena K, MD	Service:	(none)	Author Type:	Physician
Filed:	11/18/13 1024	Note Time:	11/10/13 1253		
Related Notes:	Original Note by: Kendhari, Harleena K, MD filed at 11/11/13 1320				

Consult Orders:

1. IP Consult to Pediatric Resource Center [131064869] ordered by Logan, Tori, DO at 11/10/13 0211

PRC CONSULT

Subjective: 'I am worried about my daughter's safety'

Reason for Consultation: Mom is worried that 'Madeline has physical symptoms of sexual abuse'

Source of history: Madeline's Mother - Julia

HPI: Madeline's mother brought Madeline into the ED because she knew that we have special doctor's here (at OSF) and that she has a court case coming up and that she is worried about Madeline's safety. She has seen a doctor before in the past who was not specialized and she is not sure if that doctor can tell that difference between a diaper rash and someone hurting her.

Madeline's mother showed me the photographs of Madeline that she had taken when she had returned home from a visit with her Father - at that time she was worried that someone had molested her daughter because 'her opening down there was bigger than normal'. The photograph was a blurry cell phone photograph that showed the labia with a white substance around the labia - unable to identify - as photograph was very blurry.

Madeline's mother moved into a women's shelter when Madeline was two months old because she and Madeline's father "did not work out". Madeline's father (Kevin Kramer) moved in with his family and Madeline's mother moved out of the shelter after one month of residing here and moved into Madeline's biological grandfather's home. Madeline's mother was worried that after Madeline would go to her father's family's home she would come back with her vaginal area unclean and 'gunky' - this was when Madeline was about three months old.

During this time, Madeline's mother did move back in with Madeline father to 'try to work it out' but it did not work out and she was asked to leave the family property. This is when she was 5 months old. During this time, Madeline's father's family hired a babysitter to mind Madeline (a woman who Madeline's mother did not know). When Madeline was 5 months old, Madeline's mother noticed a change in her behaviour and it was during this time that Madeline started 'diaper squeezing'. Madeline's mother describes diaper squeezing and putting pressure on the front of her diaper by crossing her legs and pushing towards the front area, 'almost as though she is stimulating herself. Like masturbating.' This was during the first week that she was at the baby sitter's house.

Consult Notes (continued)

Mom noticed that at the end of August (27th or 28th), Mom took Madeline took mom to the Dr's office as she was concerned that Madeline's vaginal opening was 'more open' and that the skin around the opening of vagina was 'red, almost infected looking' and that "I know what a diaper rash looks like and that was not a diaper rash". This was after the court date, when Madeline's father's family took her after court and stated that they would bring her back Monday (the visit with them was Thursday from Monday, late late at night). She noticed the redness immediately upon changing her diaper when she had her baby returned.

Mom expresses concern that she is with them for a few days only and she has 'these' symptoms. Mom also notes that Madeline's father has threatened to 'murder her' and threatened to 'wipe her off the face of the earth'. She is worried that Madeline's father's is a song writer and some of his lyrics are graphic and talk about the 'blood of the innocents'. She also expressed concerns that Madeline's father has brought drugs into her home. But that she "has a sixth sense about these things" and she found them. She also describes a vivid dream where a "spirit told her to trust her instincts" and then the dream continued with someone sexually molesting Madeline during a diaper change and "that's when I knew something was going on over there" (at Madeline father's home)

Mom states "she is doing the best she can with all the millions things she does now". ;" I used to be able to focus more on Madeline, but I hope I can pass some things on to other people the things I have learned"

Individuals present during medical history: Madeline, Madeline's Mother Julia and myself, Dr Kendhari

Past Medical History: Never been hospitalized
Vaginal delivery, at term 40 weeks gestation, 8lbs 20 inches
Discharged with mother after one day

Immunizations: Madeline is unimmunized - Mother does not believe in immunizations at this point - may consider Tetanus in the future

Developmental History: Sits on her own, pulling to stand, cruises along furniture. Says words "mama, dada, baba, up"

Diet History: Formula fed - mom is unsure how many ounces she drinks. She states 'with all this court stress, I am no longer keeping a log. "I go through a can of formula in under a week'. She will eat soft foods - apple sauce, organic baby foods. Mom will allow her to gnaw on apple slices and carrots - but she cannot eat them.

Past Surgical History: No surgeries

Family History: Maternal side: polycystic kidney disease. Maternal grandfather has high blood pressure. NO diabetes, no seizures, no bleeding disorders or nose bleeds or heavy periods. No

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Consult Notes (continued)

easily broken bones

On Madeline's father's side, mental illness is present including paternal uncle who is schizophrenic. Madeline's mother suspects that Madeline's paternal grandfather is an alcoholic. Madeline's mother is not aware of any other medical problems on Madeline's father's side

Social History: Mom has custody of Madeline and lives Madeline lives with her. Madeline sees her father 2-4 times a week, in Madeline's mothers home (usually) or at the mall for a joint visit. Madeline doesn't see her father's family as much

Allergies: No allergies

Review of Systems: No cough, no runny nose, no vomiting, no diarrhea, no rashes, no fever, has been eating and drinking normally. All other systems reviewed and negative unless mentioned in the HPI

Medications:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• lidocaine (LMX) 4 % cream CREA		Topical	PRN	Logan, Tori, DO		

Objective:

VITALS: Patient Vitals for the past 12 hrs:

	BP	Temp	Temp src	Pulse	Res p	SpO ₂	Height	Weight
11/10/13 1153	-	97.6 °F (36.4 °C)	Axillary	116	24	-	-	-
11/10/13 0839	91/43 mmHg	97.2 °F (36.2 °C)	Axillary	127	24	98 %	-	-
11/10/13 0530	-	-	Axillary	110	24	98 %	-	-
11/10/13 0210	101/64 mmHg	97.8 °F (36.6 °C)	Axillary	178	27	100 %	26.38"	18 lb 14.7 oz (8.58 kg)

Weight:

Wt Readings from Last 1 Encounters:

11/10/13 18 lb 14.7 oz (8.58 kg) (55.57%*)

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Consult Notes (continued)

* Growth percentiles are based on WHO data.

Head Circumference:

HC Readings from Last 1 Encounters:

11/10/13 46.5 cm (18.31") (95.62%*)

* Growth percentiles are based on WHO data.

Height:

Ht Readings from Last 1 Encounters:

11/10/13 26.38" (6.28%*)

* Growth percentiles are based on WHO data.

EXAM:

Physical Examination:

Madeline is playful, non distressed, playing on the floor of the hospital room eating graham crackers NC/AT, EOMI, PERRL, MMM, nares patent, graham cracker crumbs on face

TM pearly grey, cerumen noted in L canal

CTA-B, no W/R/R

RRR, S1=S2, no murmur noted, femoral pulses equal and symmetric

Belly soft, NTTP, no masses appreciated, positive bowel sounds

Moves all extremities spontaneously, strength equal and symmetric in upper and lower extremities

Neuro exam: Smiles, says mama during exam, pulling to stand against wall and chair. Reaches with both hands across midline, good grasp

GU exam: Labia majora with mild erythema, and no excoriation. Annular redundant hymen appreciated, with maternal estrogen effects still present. Anus patent without erythema

Data Review: *I have reviewed all epic medical records including Emergency Room Medical records from OSF St Francis Medical Center and Krieger, Michelle A primary care office. Significant are the notes from nursing staff on 11/8/2013 and 11/9/2013 describing Madeline's mother's concerns about Madeline and Madeline's father's family.

Outside reports reviewed: none

Assessment

Madeline is a nine month old otherwise healthy female who presents with her Mother who has concerns that her daughter has been abused - initial concern in August when Madeline's mother reports that Madeline returned from visiting Madeline's father's home and returned with her vaginal opening appearing larger. Madeline's mother was also concerned about erythema in her vagina that was not a diaper rash. Madeline's mother also feels concerned for Madeline's safety.

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Consult Notes (continued)

Madeline's mother was concerned about Madeline masturbating. Masturbation is not a concern at this age, as developmentally, body curiosity at this age is normal.

Madeline's mother was also concerned about sexual molestation, reporting that the hymenal opening looking larger than it should. The size of the hymenal opening is not a factor in determining if sexual abuse took place.

Madeline had a normal anogenital exam, with the exception of some mild redness to the labia which is a non-specific finding.

A normal exam does not exclude the possibility of sexual abuse as exam following non-acute incidents are sexual are normal greater than 95% of the time. When evaluating concerns for abuse, the history is always the most important element.

Recommendations:

1. Ensure Madeline's safety
2. Will refer to PRC for further work up including colposcopic exam if deemed necessary
3. Will recommend to medical team discharge home today
4. Follow up with DCFS investigation

I have spent 60 minutes in this visit with the patient/family. Greater than 50% of this time was spent on counseling coordination of care.

By: HARLEENA K KENDHARI, MD, 11/10/2013, 12:53 PM

11/11/13 1320 Consults addendum by Kendhari, Harleena K, MD

Operative Notes

No notes of this type exist for this admission.

Procedure Notes

No notes of this type exist for this admission.

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Progress Notes

No notes of this type exist for this admission.

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Additional Notes

Interdisciplinary signed by Lindberg, Danielle N, RN at 11/10/13 1913

Author: Lindberg, Danielle N, RN	Service: (none)	Author Type: Registered Nurse
Filed: 11/10/13 1913	Note Time: 11/10/13 1909	

Patient discharged to home. No discharge medications for pharmacy to review. Discharge instructions reviewed with mother. Mother to make appointment with primary care physician as needed. Mother denies any further questions or needs at this time.

Mother to return home to maternal grandfathers home tonight.

Interdisciplinary signed by Lindberg, Danielle N, RN at 11/10/13 1803

Author: Lindberg, Danielle N, RN	Service: (none)	Author Type: Registered Nurse
Filed: 11/10/13 1803	Note Time: 11/10/13 1738	

DCFS caseworker present. At patient bedside to talk with mother.

Interdisciplinary signed by Lindberg, Danielle N, RN at 11/10/13 1534

Author: Lindberg, Danielle N, RN	Service: (none)	Author Type: Registered Nurse
Filed: 11/10/13 1534	Note Time: 11/10/13 1520	

Mother called RN to bedside to look at patient. Mom stated that patient "was squeezing her diaper area again". Mother stated "this is what she was doing when I got her back from her dad's". Upon assessment Madeline was lying in crib, holding blanket. Legs were crossed. Madeline appeared content and showed no signs of pain or distress.

ROC notified, ROC to come to bedside to assess patient.

Interdisciplinary signed by Lindberg, Danielle N, RN at 11/10/13 1531

Author: Lindberg, Danielle N, RN	Service: (none)	Author Type: Registered Nurse
Filed: 11/10/13 1531	Note Time: 11/10/13 1528	

DCFS representative Megan Sturdavant called RN back stating that report was not made for patient admission to hospital. DCFS representative stated that caseworker Heidi Creasy will be up this afternoon to see patient.

Interdisciplinary signed by Lindberg, Danielle N, RN at 11/10/13 1435

Author: Lindberg, Danielle N, RN	Service: (none)	Author Type: Registered Nurse
Filed: 11/10/13 1435	Note Time: 11/10/13 1434	

Nursing: RN spoke with DCFS representative regarding need for clearance for discharge. DCFS representative will call RN back once information is available.

Interdisciplinary signed by Haedicke, Rita A, RN at 11/10/13 1040

Author: Haedicke, Rita A, RN	Service: (none)	Author Type: Patient Care Facilitator
Filed: 11/10/13 1040	Note Time: 11/10/13 1020	

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Additional Notes (continued)

Interdisciplinary Team Note

Reason for Admission & Relevant Hospital Problems: Maternal concern for sexual abuse
Length of Stay: LOS: 1 day

Goals/Barriers & Summary of Plan of Care: 9 mos old; goal to determine safe home environment for infant; Current custody battle in progress; DCFS/Social services/PRC consulted

DISCHARGE PLAN: Anticipate hospitalization until safe home placement has been determined

Anticipated Discharge *Durable Medical Equipment needs:: (n/a)*

Patient/family not currently in room; will remain available as patient needs arise
Inpatient: Consults/Referrals: Medical Social Worker; Child Protective Services

Discharge Evaluation:

PCP: Krieger, Michelle A

Living Arrangements: Parent

Primary Caregiver: family

Type of Residence: Private residence

Care Facility Name: n/a

Support Systems: Parent

Home Care Services: No

Type of Home Care Services: None

Prior to arrival Assistance Needed: n/a

Anticipated Changes Related To Illness: inability to care for self

Services Anticipated At Discharge: none

Anticipated Discharge Disposition: home with assist

Payor Source: Medicaid Illinois

Prescription Drug Coverage: Yes

Does the patient/caregiver have any financial concerns regarding discharge needs?: None

Mode of transportation at discharge:: Family car

Current DME being used by patient: none

The list of facilities/home health/DME options was provided to the patient/caregiver?: No

Providers in which OSF have a financial interest identified to patient/family

READMISSION RISK FACTORS:

Problem

Education needs of PTA/current meds: No

Medications

Financial needs of PTA/current meds: No